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## APPLICANTS

Steven F. Oakland, Colchester, VT;

Douglas W. Stout, Milton, VT;

\*\* CONTINUING DATA \*\*\*\*\*

FBN (none)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

FBN

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>K. K. K.</i>	Initials		

## ADDRESS

21254  
 MCGINN & GIBB, PLLC  
 8321 OLD COURTHOUSE ROAD  
 SUITE 200  
 VIENNA, VA  
 22182-3817

## TITLE

HIGH PERFORMANCE STATE SAVING CIRCUIT

FILING FEE  RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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